

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Committee for a Democratic Future

ADDRESS (number and street)

25 Roydon Road

☐Check if different  
than previously  
reported. (ACC)

New Haven

CT

06511

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00370122

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Gerald T. Weiner

Signature of Treasurer

Electronically Filed by Mr. Gerald T. Weiner

Date

07

29

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Committee for a Democratic Future

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>6869.63</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>6869.63</div>	
(c) Total Receipts (from Line 19) .....	<div>33001.00</div>	<div>33001.00</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>39870.63</div>	<div>39870.63</div>
7. Total Disbursements (from Line 31) .....	<div>35499.40</div>	<div>35499.40</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>4371.23</div>	<div>4371.23</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>3030.30</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Committee for a Democratic Future

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	18000.00	18000.00
(ii) Unitemized .....	1.00	1.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18001.00	18001.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	33001.00	33001.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33001.00	33001.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33001.00	33001.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	34999.40	34999.40	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	34999.40	34999.40	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	500.00	500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35499.40	35499.40	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35499.40	35499.40	

III. Net Contributions/Operating Expenditures	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	33001.00	33001.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33001.00	33001.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	34999.40	34999.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	34999.40	34999.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.**

Full Name (Last, First, Middle Initial)

Steve Elmendorf

Mailing Address 900 7th St., N.W.  
Suite 750

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ryan Elmendorf

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.8503

Amount of Each Receipt this Period

1000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janice Enright

Mailing Address 1300 Connecticut Ave, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ickes & Enright Group

Occupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.8494

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms Roberta Harris

Mailing Address 6 Longfellow Park

City State Zip Code  
Cambridge MA 10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.8418

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)

Mr. William Harris

Mailing Address 6 Longfellow Park

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Res and Educ  
InstOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.8417

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Harold Ickes

Mailing Address 1300 Connecticut Ave, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ickes & Enright GroupOccupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.8495

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Dominic Ruscio

Mailing Address 6100 Westchester Park Drive

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cavarocchi, Ruscio, Dennis  
Assc, LLCOccupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.8416

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

18000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.** Full Name (Last, First, Middle Initial) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 900 Seventh Street NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee.

**C** C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11C.8420

Amount of Each Receipt this Period

5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial) NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16th St NW Ste 420

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee.

**C** C00003251

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 1

Transaction ID: SA11C.8455

Amount of Each Receipt this Period

5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial) Unite Here Tip Campaign Committee

Mailing Address 275 7th Ave

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee.

**C** C00004861

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11C.8419

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

15000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 23

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.**

Full Name (Last, First, Middle Initial)

Ms Gaylord Bourne

Mailing Address 25 Roydon Road

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
Accounting Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8491

Date of Disbursement

/   /

Amount of Each Disbursement this Period

465.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 209 Church Street

City  
New Haven

State  
CT

Zip Code  
06510

Purpose of Disbursement  
Federal Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8449

Date of Disbursement

/   /

Amount of Each Disbursement this Period

185.71

**C.**

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 209 Church Street

City  
New Haven

State  
CT

Zip Code  
06510

Purpose of Disbursement  
Federal Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8463

Date of Disbursement

/   /

Amount of Each Disbursement this Period

94.19

**SUBTOTAL** of Disbursements This Page (optional) .....

744.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.**

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 209 Church Street

City  
New Haven

State  
CT

Zip Code  
06510

Purpose of Disbursement  
Federal Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8467

Date of Disbursement

04 / 16 / 2011

Amount of Each Disbursement this Period

117.51

**B.**

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 209 Church Street

City  
New Haven

State  
CT

Zip Code  
06510

Purpose of Disbursement  
Federal Unemployment Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8470

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

14.28

**C.**

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 209 Church Street

City  
New Haven

State  
CT

Zip Code  
06510

Purpose of Disbursement  
Federal Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8487

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

247.43

**SUBTOTAL** of Disbursements This Page (optional) .....

379.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 209 Church Street

City  
New Haven

State  
CT

Zip Code  
06510

Purpose of Disbursement

Federal Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8515

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

156.99

B.

Full Name (Last, First, Middle Initial)

Commissioner of Revenue Services

Mailing Address PO Box 2931

City  
Hartford

State  
CT

Zip Code  
06104

Purpose of Disbursement

CT Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8476

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Commissioner of Revenue Services

Mailing Address PO Box 2931

City  
Hartford

State  
CT

Zip Code  
06104

Purpose of Disbursement

CT withholding tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8514

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

306.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8484

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

2890.29

B.

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8486

Date of Disbursement

01 / 16 / 2011

Amount of Each Disbursement this Period

1499.30

C.

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8441

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

2681.56

SUBTOTAL of Disbursements This Page (optional) .....

7071.15

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.**

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8451

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6176.71

**B.**

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2459.54

**C.**

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8472

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2011.11

**SUBTOTAL** of Disbursements This Page (optional) .....

10647.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.**

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8475

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

1998.19

**B.**

Full Name (Last, First, Middle Initial)

Federal City Caterers

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8490

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

2144.76

**C.**

Full Name (Last, First, Middle Initial)

Fraioli & Associates

Mailing Address 80 F Street Suite 804

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Fundraising Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8431

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4642.95

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.**

Full Name (Last, First, Middle Initial)

Fraioli & Associates

Mailing Address 80 F Street Suite 804

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Fundraising fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Fraioli & Associates

Mailing Address 80 F Street Suite 804

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Fundraising Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8435

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6500.00

**C.**

Full Name (Last, First, Middle Initial)

Marla's Magic

Mailing Address 1004 Highland Drive

City  
Silver Spring

State  
MD

Zip Code  
20910

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.8452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

288.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7288.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 23

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)

Schneider's of Capitol Hill

Mailing Address 300 Massachusetts Ave, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Wine for event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

249.39

B.

Full Name (Last, First, Middle Initial)

Twelve Trumbull Street Corporation

Mailing Address 12 Trumbull Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Twelve Trumbull Street Corporation

Mailing Address 12 Trumbull Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.8462

Date of Disbursement

/   /

Amount of Each Disbursement this Period

62.50

**SUBTOTAL** of Disbursements This Page (optional) .....

374.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)

Twelve Trumbull Street Corporation

Mailing Address 12 Trumbull Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.8496

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Mrs. Cathy S Weber

Mailing Address 50 Daisy Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.8489

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

85.87

C.

Full Name (Last, First, Middle Initial)

Ms Jasmine Zamani

Mailing Address 1300 N Street NW #607

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.8434

Date of Disbursement

01 / 16 / 2011

Amount of Each Disbursement this Period

387.87

**SUBTOTAL** of Disbursements This Page (optional) .....

536.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)

Ms Jasmine Zamani

Mailing Address 1300 N Street NW #607

City Washington State DC Zip Code 20005

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.8443

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

396.27

B.

Full Name (Last, First, Middle Initial)

Ms Jasmine Zamani

Mailing Address 1300 N Street NW #607

City Washington State DC Zip Code 20005

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.8445

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

404.67

C.

Full Name (Last, First, Middle Initial)

Ms Jasmine Zamani

Mailing Address 1300 N Street NW #607

City Washington State DC Zip Code 20005

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.8447

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

396.27

SUBTOTAL of Disbursements This Page (optional) .....

1197.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.**

Full Name (Last, First, Middle Initial)

Ms Jasmine Zamani

Mailing Address 1300 N Street NW #607

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8465

Date of Disbursement

/   /

Amount of Each Disbursement this Period

396.27

**B.**

Full Name (Last, First, Middle Initial)

Ms Jasmine Zamani

Mailing Address 1300 N Street NW #607

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8493

Date of Disbursement

/   /

Amount of Each Disbursement this Period

396.27

**SUBTOTAL** of Disbursements This Page (optional) .....

792.54

**TOTAL** This Period (last page this line number only) .....

33980.95

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)

Fraioli & Associates

Mailing Address 80 F Street Suite 804

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Fundraising Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.8430

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 / 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Federal City CaterersNature of Debt (Purpose):  
Catering

Mailing Address 1119 12th Street NW

City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

1999.30

Transaction ID: SD10.8413

Amount Incurred This Period

0.00

Payment This Period

1999.30

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Federal City CaterersNature of Debt (Purpose):  
Catering

Mailing Address 1119 12th Street NW

City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

2890.29

Transaction ID: SD10.8412

Amount Incurred This Period

0.00

Payment This Period

2890.29

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Federal City CaterersNature of Debt (Purpose):  
catering

Mailing Address 1119 12th Street NW

City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.8508

Amount Incurred This Period

2137.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

2137.14

**1) SUBTOTALS** This Period This Page (optional).....

2137.14

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 / 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Fraioli & AssociatesNature of Debt (Purpose):  
Fundraising Fee

Mailing Address 80 F Street Suite 804

City State ZIP Code  
Washington DC 20001

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD10.8411

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Marla's MagicNature of Debt (Purpose):  
catering

Mailing Address 1004 Highland Drive

City State ZIP Code  
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.8511

Amount Incurred This Period

576.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

576.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Schneider's of Capitol HillNature of Debt (Purpose):  
wine for event

Mailing Address 300 Massachusetts Ave, NE

City State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.8507

Amount Incurred This Period

108.91

Payment This Period

0.00

Outstanding Balance at Close of This Period

108.91

**1) SUBTOTALS** This Period This Page (optional).....

684.91

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 / 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Schneider's of Capitol HillNature of Debt (Purpose):  
wine for events

Mailing Address 300 Massachusetts Ave, NE

City State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.8510

Amount Incurred This Period

192.76

Payment This Period

0.00

Outstanding Balance at Close of This Period

192.76

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
United Parcel ServiceNature of Debt (Purpose):  
delivery

Mailing Address PO Box 650580

City State ZIP Code  
Dallas TX 75265

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.8509

Amount Incurred This Period

15.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.49

1) **SUBTOTALS** This Period This Page (optional).....

208.25

2) **TOTALS** This Period (last page this line number only).....

3030.30

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

3030.30